Heartland Regional Health Authority

2004-2005 Annual Report

105-06507/

HEARTLAND HEALTH REGION

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2004 – 2005 Annual Report

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Letter of Transmittal

The Honourable John Nilson, QC
Minister of Health
Province of Saskatchewan
Room 361, Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Nilson:

It is with a continuing sense of pride that I present the 2004-05 Annual Report of the Heartland Health Region on behalf of the Heartland Regional Health Authority.

Our report overviews our activities, accomplishments and continuing efforts to plan for appropriate and sustainable health services for Heartland residents for the fiscal year ended March 31, 2005. The report also includes audited financial statements for this period.

Respectfully submitted,

Lyle Leys, Chair
Heartland Regional Health Authority

Management Discussion and Analysis

Heartland continues to be guided by the following vision, principles, goals and objectives that were approved by the Heartland Regional Health Authority in 2002. This provides the basis for decision-making regarding resource allocation and the establishment of Heartland's program and service priorities.

Who We Are

Heartland Vision

Building a province of healthy people and healthy communities

Heartland Principles

1. *Quality*
2. *Fiscal Responsibility*
3. *Being Accountable to the People We Serve*

Heartland Goals and Objectives

Improved access to quality health services	• *Responsive, coordinated Primary Health Care* • *Reduce waiting times for surgical procedures* • *Improve Emergency Medical Care* • *Improve hospital, specialized services and long-term care*
Effective health promotion and disease prevention	• *Better promotion of health and disease prevention* • *Improve the health of Northern and Aboriginal communities*
Retain, recruit and train health providers	• *Improve utilization and availability of health human resources* • *Develop representative work places* • *Create healthier more effective work places*
A sustainable, efficient, accountable & quality health system	• *Ensure quality, effective health care* • *Appropriate governance, accountability and management* • *Sustain publicly funded and publicly administered Medicare*

Governance Model

Since the formation of the Heartland Health Region and the related establishment of the Heartland Regional Health Authority in 2002, our region has been guided by the *Action Plan for Saskatchewan Health Care*.

The Regional Health Services Act, proclaimed on August 1st, 2002, defines the roles and responsibilities of the Minister of Health and the Regional Health Authorities. The relationship between the Minister of Health and Regional Health Authorities is further defined by Saskatchewan Health's Roles and Expectations Document. These documents describe the context and provide the

framework within which the Heartland Regional Health Authority provides health programs and services for the residents of Heartland. Specific areas for which Heartland is accountable are identified in the Accountability Document provided annually to Regional Health Authorities by Saskatchewan Health.

The Heartland Regional Health Authority is committed to an adapted policy governance model that frames an interdependent relationship between the Authority, regional stakeholders and Heartland's President/CEO. Monthly review of governing policies at board meetings places a premium on the RHA responsibility of ensuring policy compliance.

The RHA reviews the identified responsibilities in the Roles and Expectations Document on a monthly basis, and the regional obligations under the Accountability Document on a quarterly basis. This active involvement in monitoring compliance with regional commitments reflects the clear understanding of and importance placed on the link between this role and the achievement of Heartland goals and objectives.

The Heartland governance model emphasizes cooperation with regional stakeholders through ongoing communication and dialogue about programs, services and operational challenges for the RHA.

The Heartland Regional Health Authority

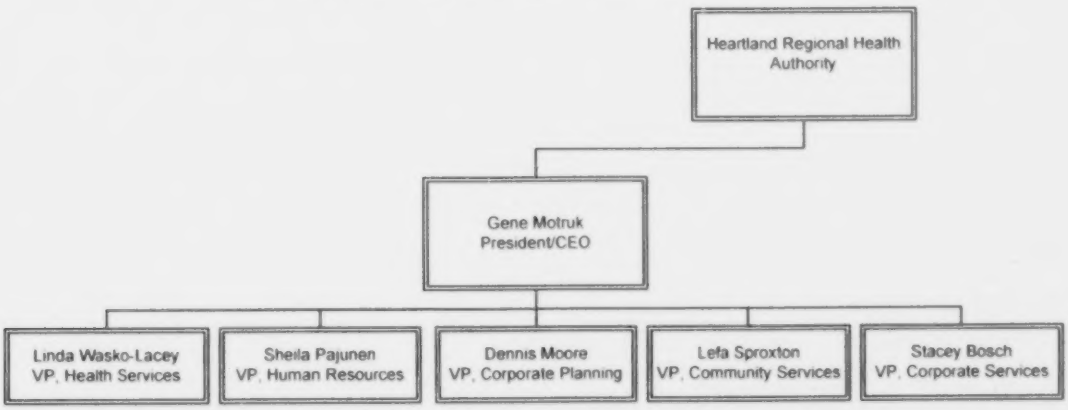
The Heartland Regional Health Region Authority is the governing body for the Region, and has twelve (12) members who are appointed by the Minister of Health. The positions of Chair and Vice-Chair are also designated by the Minister. One position on the Authority was vacated, and was unfilled at March 31, 2004.

The Heartland Regional Health Authority

Back Row *(left to right)* Betty Shapka – Vice-Chair, Macklin; Bill Sittler, Wilkie; Wayne Vaxvick, Outlook; Gary Johnson, Eston; Erhard Poggemiller, Kerrobert. Cindy Hoppe, Biggar.
Front Row *(left to right)* Diane Javens, Rosetown; Lyle Leys – Chair; Elrose; Les Langager, Loreburn; Eve Wagner, Unity; George Seimens, Fiske.

In bringing to the table individual perspectives that are grounded in their community's realities, Authority members make decisions to plan for appropriate and sustainable health services.

Heartland Health Region Organizational Chart


Heartland Regional Health Authority
Gene Motruk President/CEO
Linda Wasko-Lacey VP, Health Services
Sheila Pajunen VP, Human Resources
Dennis Moore VP, Corporate Planning
Lefa Sproxton VP, Community Services
Stacey Bosch VP, Corporate Services

Committee Structure

Three standing committees of the Authority function in support of governance responsibilities:

Executive Committee – Comprised of three (3) authority members (Chair, Vice-Chair and one (1) additional member) and the President/CEO, this committee attends to emergent issues when a full quorum of the Authority cannot be gathered.

Internal Audit Committee – Comprised of five (5) authority members, this committee attends to matters of compliance and quality that reflect effective, efficient, transparent and accountable governance. This committee has not been activated to this point.

Ethics Advisory Committee – Comprised of authority members, staff and volunteers, this committee addresses Ethical Treatment and Services, Ethical Research and Ethical Decision Making and Resource Allocation.

The Authority has struck three (3) additional committees that will serve for a period of one year ending February 28, 2006. These committees are comprised of Authority members and staff, and will make recommendations for the development of long term strategic plans in the areas of Primary Health Care Services, Long Term Care Services and Emergency Medical Services.

Commitment to Public Transparency

The Heartland Regional Health Authority placed great value on being open to individuals, groups and organizations who wanted to meet with the Authority and/or discuss health issues in the Region. Monthly Authority meetings were open to the public and the media, which reports regularly on Authority decisions. The locations of the monthly meetings were moved to various communities throughout the region to allow community members the opportunity to meet with the Authority and attend meetings.

Following each regular Authority meeting, a media release was issued that highlighted discussions, decisions and presentations. It was distributed to media, staff, physicians and stakeholders throughout Heartland.

As a commitment to transparency and ongoing dialogue with stakeholders, a series of public meetings were held throughout the Region in 2004. Stakeholders from local governments, school divisions and regional colleges were invited to participate in an open discussion that followed a presentation by the Heartland Chair and President/CEO. The presentation focused on an environmental scan and the operational realities of providing health programs and services in the Heartland Health Region. Similar presentations and discussions took place with staff at the various health facilities throughout the region.

Community Advisory Networks

The Authority has made a conscious choice to work with existing representative organizations, institutions and agencies, and to consistently share information about health programs, services and issues. The Authority maintains strong networking/communication links through the following groups, organizations and processes:

- delegations at Authority meetings
- Regional Intersectoral Committees
- Health Foundations
- focus groups
- Local governments
- Rural Economic Development Associations
- School Divisions and Regional Colleges
- Volunteer organizations
- West Central Municipal Government Committee
- Special interest groups

To address emerging issues, allow for stakeholder dialogue and ensure that information is shared appropriately, a formal communication process was developed and implemented.

Medical Staff Relationship

The establishment of the Medical Staff Organization (MSO) in the HHR and the work of Dr. David Ledding (Senior Medical Manager), Dr. Anita Harding (Deputy Medical Manager) and Dr. Harvey Gerein (Deputy Medical Manager) has helped to strengthen working relationships between the physicians and the Authority.

Dr. Ledding's active participation in Authority and senior leadership meetings has brought a valuable perspective to the discussion and related decisions. Proactive communication between Heartland's President/CEO and the MSO through regular meetings has been a priority.

Ethics Advisory Committee

The Heartland Health Region is striving to be an ethically sound organization where people identify, discuss and resolve ethical issues, and where moral distress is minimized among our staff, patients and families. To support this, we formed the Heartland Health Region Ethics Advisory Committee in the spring of 2004. This committee is composed of Regional staff and community members, and its focus is on ensuring an ethical presence within three key areas: treatment and services, decision-making and resource allocation, and research. This past year, the committee has focused on educating

its members, raising the profile of ethics within the region, establishing an ethics consultation service for the region and setting policies and procedures to ensure all research conducted within the region has been reviewed from an ethical perspective.

Health Care Organizations and Other Third Party Relationships

Canadian Mental Health Association, Kindersley

The Canadian Mental Health Association (CMHA), Kindersley Branch, is funded by Saskatchewan Health through the Heartland Health Region. The Branch focus is on health promotion and education activities in the Kindersley area. The CMHA partners with Heartland Health Region and other community agencies in carrying out these activities.

BridgePoint Center for Eating Disorders, Milden

BridgePoint is a provincial resource governed by an independent Board of Directors that is located within Heartland Health Region in the Village of Milden. The Centre provides options that include intensive rehabilitation, recovery and healing for people who are experiencing eating disorders - coping through a range of food, body and weight-related behaviors.

The retreat atmosphere offers peace, quiet, privacy and simplicity. Services are available to women, men, adolescents and their families. The program provides a team-based approach with an emphasis on group learning experiences. Saskatchewan Health funding for this program is vetted through Heartland.

St. Joseph's Health Centre, Macklin

St. Joseph's Health Centre in Macklin is the only health care organization in Heartland that is classified as an affiliate. St. Joseph's offers the following services but not limited to, out-patient/treatment; emergency stabilization; 22 long term care beds; 4 program beds; diagnostic lab and x-ray services; regional prevention/ promotions activities as well as providing space for regional programs and services such as community services, home care and Heartland's EMS ambulance services. The Heartland Health Region maintains a cooperative working relationship with the St. Joseph's Health Centre.

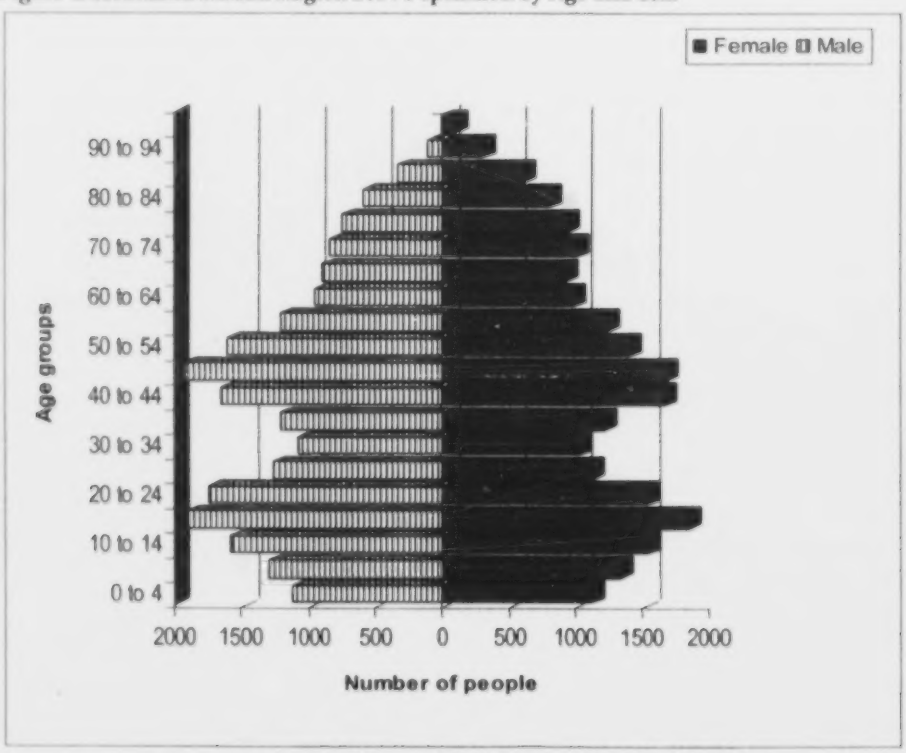
Regional Environmental Scan

Geography and Demographics

The Heartland Health Region is located in west central Saskatchewan. It covers some 41,770 square kilometers of land, and has 44,429 residents. Within the boundaries, there are 64 towns and villages, 44 RMs, and approximately 18 Hutterite Colonies. Somewhat atypical for Saskatchewan health regions, Heartland has no Reserves within its borders and has a very low number of aboriginal residents. Our largest urban centre is Kindersley (with a population of 4,811). Other major centres include Outlook (2,350); Unity (2,395); Biggar (2,439); and Rosetown (2,623).

In 2004, Heartland's population was evenly divided between males (50.3%) and females (49.7%). The largest age groups were in the 10-24 year age range (23% of Heartland's total population) and the 40-54 year age range (22% of the total). Some 35% of our population is 50 years of age or over, compared to 30% at the provincial level. Figure 1 provides a further breakdown of our 2004 population by age and sex.

Figure 1: Heartland Health Region 2004 Population by Age and Sex.

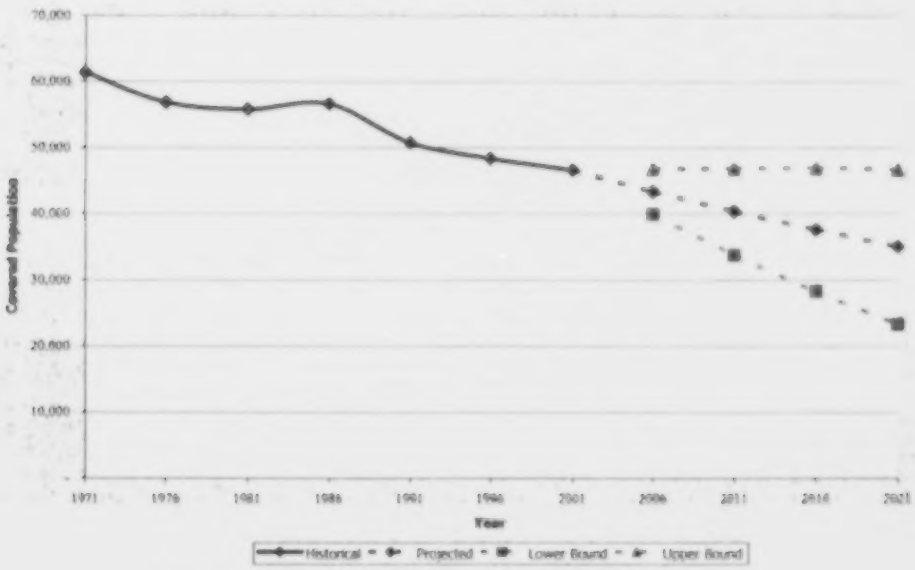


Source: Saskatchewan Health. Covered Population, 2004.

Between 2000 and 2004, Heartland's population declined approximately 6% (from 47,082 to 44,429 people). Population projections from Saskatchewan Health show that this trend is expected to

continue for Heartland, and indeed, for all of Saskatchewan's southern, rural health regions. If their projections are accurate, Heartland's population for 2011 could be in the range of 40,249 (with projections as low as 33,722) and 34,927 by 2021 (see Figure 2). Population growth rates are affected by a variety of factors, including migration and changing fertility rates (e.g., a trend toward smaller families, fewer women of child bearing years living in an area, etc).

Figure 2: Historical and Projected Population for Heartland Health Region, 1971 to 2021.



Source: Saskatchewan Health. Population Projections 2006 to 2021.

Determinants of Health

Biology and genetics are critical in determining health, as are health services (particularly those directed at preventing disease, and maintaining and promoting health), but other factors also contribute. The following summary identifies other factors and includes data showing how Heartland residents fare.[1]

1 Source: Health Canada, Population Health: What Determines Health: Key Determinants. Retrieved May 10, 2004 from http://www.hc-sc.gc.ca/hppb/phdd/determinants/index.html#key_determinants

Determinant of Health	Heartland Indicators
Income and social status *Health status tends to increase with increases in economic and social status.*	○ The average annual earnings for our working residents was $22,300 (SK rate was $25,691) ○ The median income for residents over the age of 15 was $19,436 (SK rate was $19,636) ○ The median family income for coupled families was $52,600 (SK median $54,341). The median family income for lone-parent families was $28,894 ($24,787 for SK) □ 9% of our families (roughly 1 in 10) reported 2000 incomes below the low-income cut-off (SK rates 12%, Canadian rates 13%) and 26% of our unattached people (approximately 1 in 4) reported incomes below the low-income cut-off (36% SK, 38% Canada). Incomes below the cut-offs result in people spending disproportionate amounts of money for food, shelter, and clothing.
Healthy physical environment *The physical environment we live in, work in, breath in, grow our food in, and drink our water from, plays a role in determining health.*	○ Heartland had an average of 1.1 people living in every square kilometre (SK average was 1.7, Saskatoon's was 8.6, and Vancouver's was over 4000)[2] → Fewer than 1 in 5 of our residents report exposure to second hand smoke either at home (less than 10%) or in public places (less than 20%).
Social support *Research suggests that people with good levels of social support from families, friends, and communities experience better health than those without.*	○ Sixty-three percent of our population was married or in a common-law relationship, compared with the SK rate of 59%, while 29% of our residents live alone (SK rate was 28%). ○ Approximately 9 in 10 of our residents cite a religious affiliation (SK rate was 8.4). → Eighty-six percent of our residents report high levels of social support (i.e., having someone to confide in, someone they can count on in a crisis, someone they can count on for advice, and someone who makes them feel loved and cared for).

○ Source: Statistics Canada: 2001 Community Profiles. Retrieved April 20, 2005 from http://www12.statcan.ca/english/Profil01/Details/details1.cfm?SEARCH=BEGINS&ID=19637&PSGC=47&SGC=734707&DataType=2&LANG=E&Province=All&PlaceName=heartland%20regional%20health%20authority&CMA=&CSDNAME=Heartland%20Regional%20Health%20Authority&A=&TypeNameE=Health%20Region&Prov=

□ Source: Statistics Canada: 2001 Census. Retrieved April 20, 2005 from http://dissemination.statcan.ca/english/freepub/82-221-XIE/2004002/nonmed/living3.htm

◦ Source: Saskatchewan Health: Core Indicators for Environmental Scan, 2004.

→ Source: Statistics Canada: Canadian Community Health Survey, 2003; 2000/2001. Retrieved April 20, 2005 from http://www4.statcan.ca/survey/2004WES_InviteE/proceed.cgi?loc=http://dissemination.statcan.ca/english/freepub/82-221-XIE/free.htm

Personal health practices and coping skills *Personal health practices and coping skills are important determinants of health.*	• Some 24% of our male and 14% of our female residents over the age of 12 smoke (SK rates were 25% and 23%). Although all smoking rates are cause for concern from a health perspective, these numbers are down slightly from the previous year and, when compared to other SK health regions, Heartland has the second lowest smoking rate among females. → 54% of our population self-report moderate self-esteem and 30% high self-esteem. → 49% of our population (approximately 1 in 2) report having had 5 or more drinks on one occasion during the year, and 22% of these people report having done so 12 or more times in the year. → 58% of our residents report having had fruits and vegetables less than 5 times per day and approximately 30% report having had fruits and vegetables 5 – 10 times per day. → 1 in 5 report high levels of life stress.
Education and literacy *In general, as education and literacy increases, so too does health status.*	○ Three in ten of Heartland residents have graduated from high school and/or had some post-secondary education, compared with the SK rate of 33%. ○ Approximately 1 in 4 (24%) of our residents between the ages of 20 and 34 have not graduated from high school, which is somewhat higher than the SK rate of 22%.
Healthy child development *Proper food and nutrition, a secure home life, and social and mental stimulation help ensure healthy child development.*	• More than 8 in 10 of our 2 year olds have received their recommended primary immunizations (SK's rate is 7 in 10).
Employment and working conditions *People who are employed and those who have good working conditions tend to be healthier than people who are unemployed, underemployed, or who work in stressful or unsafe jobs.*	□ Our 2003 unemployment rate was 3.5 (SK rate was 5.6) and our long-term unemployment rate (people aged 15 and over who did not have a job anytime in the previous or current year 1.5 (3.2 for SK).
Gender and culture *Gender and culture contribute to health.*	○ 50% of our population is female (SK was 50%) ○ Of our population over the age of 85, 35% is male and 65% is female (SK was 33/67) ○ 97% of our residents were born in Canada (SK 95%) ○ Less than 2% of our population identified as aboriginal (SK was 14%) ○ Less than 1% identified as being a member of a visible minority (SK rate was 3%) ○ Fewer than 1 in 10 (9.5%) spoke a language other than English or French (SK was 13%)

Major Initiatives and Accomplishments

Guided by our vision of ***"Building a province of healthy people and healthy communities"*** and remembering our principles of **quality, fiscal responsibility and being accountable to the people we serve**, Heartland is pleased to share some of the year's accomplishments.

Goal One: Improved access to quality health services

Innovation is key to improving access to health services in rural areas. Two examples are:

- Thanks to a cross-boundary arrangement between the Cypress Health Region and the Heartland Health Region, a shared Nurse Practitioner now supports the delivery of Primary Health Care in Eatonia.
- In March, Heartland initiated a pilot project, the Rover EMT-A model of delivering EMS to the Eatonia area. This service delivery model is unique in Saskatchewan and will be closely monitored and evaluated for effectiveness and efficiency.

In addition, integration of services further contributes improving access to quality health services. For example:

- The Region piloted a Central Intake system for Mental Health & Addictions. Monitoring will be ongoing, and the project will be thoroughly evaluated.
- The functional plan for the Outlook Capital Project, an integrated Health Care facility, was finalized. The project will go to tender in the fall of 2005.

Several initiatives to enhance heart health in Heartland Health Region were initiated:

- Expansion of the Cardiac Stress Testing Program to include Rosetown.
- Finalization of the agreement for a Public Access Defibrillator program for the Rosetown arena. This forms the basis for this service being available in other industrial settings in the future. The program will begin in 2005-06
- Introduction of Troponin testing, which provides early diagnosis of cardiac care needs in seven (7) sites in the Region.

The Region completed renovations in the Kindersley Hospital, including the upgrading of a medical gas system. Linked to a space planning review, the renovations resulted in consolidation of programs and services.

Goal Two: Effective health promotion and disease prevention

Heartland continued to enhance delivery of Population and Primary Health Services in the Region. A Team Development Coordinator (TDC), hired in November 2004, is working with teams in Primary Care, Population Health Promotion, and associated community groups on a range of topics, including communication, conflict resolution, change management, facilitation, group dynamics, systems thinking, team mandates and others. For example, the TDC is working to connect the Population Health Promotion Strategy and the Primary Health Care Initiative with education's School Plus initiative.

The Region continues to produce a newspaper column "Health Matters" that is placed in all of the Region's weekly newspapers, as well as a daily radio spot highlighting healthy living options.

Goal Three: Retain, recruit and train health providers

Heartland Health Region places a high priority on being an "Employer of Choice." To that end, we have undertaken and implemented the following initiatives:

- A Regional Orientation video and Employee Manual was developed and distributed to all locations in the Region. All employees have viewed the video and received the Manual.
- Results of the 2003-04 Employee Survey were finalized and shared with employees. The Region is working on strategies to address the concerns that were raised.

As part of being an Employer of Choice, Heartland has ensured that staff receive the training needed to maintain safety in the workplace. The commitment to staff training and development has resulted in:

- Professional Assault Response Training (PART) being offered to meet to meet OH&S standards and provide staff with skills in managing difficult behaviours.
- Staff training in the appropriate module of Transfer Lifting Repositioning™ . We believe this contributed to fewer injuries and the lower WCB claims in 2004-05.
- Participation of ten members of our management team in the Executive Leadership Training Program.

Building a Quality Workplace environment was a high priority for Heartland throughout 2004-05. Several initiatives were undertaken to achieve this goal:

- To celebrate the contributions of employees who have worked with the Region for many years, Employee and Physician Recognition Month was celebrated during June. There were social events held at each facility, during which gifts marking five year increments of service were presented.
- Heartland offered an *Employee and Family Assistance Program* for employees and their families. The program also addresses Critical Incident Stress Management.
- The Region completed the first round of the Joint Job Evaluation process, and provided alternative work arrangements for out of scope staff.

Recruiting new staff to Heartland is critical to providing quality health services. Recruiting efforts were enhanced through the following initiatives:

- The Adopt-a-Student Program matched first-year medical students with physicians in rural, remote or underserved areas. Five (5) students spent two weeks in Heartland in the month of May, 2004.
- Heartland hired three (3) senior assistants during the summer and Christmas vacation periods. These were nursing education program students that had completed the third year of a four-year program.
- Clinical Placements/Work Experience/Preceptorships all introduced high school and university/college students to Heartland as a potential future employer.

Goal Four: A sustainable, efficient, accountable and quality health system

The Region has undertaken a number of initiatives to improve communications with various stakeholders. For example:

- Independent email systems from the three former health districts were consolidated into one email server.
- Staff were provided with wireless technology to facilitate communication while traveling.

- A Regional Coordinator of Communications was recruited and began development of a communications plan with three main goals: communications policies, procedures and protocols; reputation management; and strategic communications initiatives. In response to the need to improve communication with staff, a bi-weekly staff news flyer, *The Heartland Beat* was developed and circulated bi-weekly.
- Six (6) staff working committees were formed to address the thirty recommendations arising from the EMS review.
- Annual Senior Leadership tour of communities included sharing information about the realities and upcoming challenges facing the Region. Each meeting provided time for questions and discussion.
- Seven (7) stakeholder meetings were held throughout the Region. Information about the realities and challenges of the Region was shared. Each meeting provided time for questions and discussion.
- Several presentations were given to Community Health Foundations throughout Heartland. Foundations were generous with funding in support of capital equipment for facilities.

In 2004-05 Heartland successfully completed its first Accreditation review, receiving a three-year Accreditation. Quality Improvement committees established Quality Improvement initiatives through PDSA (Plan-Do-Study-Act) cycles.

Heartland has completed the implementation of a number of data collection and information management systems, including IPHIS (Integrated Public Health Information System), Procura (for tracking Home Care Services), IFPE (Integrated Front-End Payroll system) and Saskatchewan Surgical Registry.

Heartland's Ethics Advisory Committee continued to progress toward ensuring an ethical presence within treatment and delivery services, decision-making and resource allocation, and research. While not the sole focus of the committee, it has arranged an Ethics Consultation Service.

After considerable consultation an agreement was successfully finalized resulting in the transfer of the Eatonia Health Centre to Eatonia Oasis Living (Personal Care Home).

Progress and Results

Heartland operated with a balanced budget for the third consecutive year and sustained existing programs and services.

Organizational Effectiveness

Governance and Management

The Authority's membership changed in 2004-05 as a result of one resignation. The selection of a new board member is underway.

Work began on the development of recommendations for long term planning with the establishment of Authority Committees in the areas of Primary Health Care Services, Long Term Care Services and Emergency Medical Services.

The Authority maintained its focus on developing public confidence with a series of seven (7) stakeholder meetings and reporting to its advisory network partners. Service changes in 2004-05 were carried out in conjunction with continuous community and stakeholder dialogue and consultation with Saskatchewan Health.

Quality

The Heartland Health Region completed the Canadian Council on Health Services Accreditation review process and received a three-year Accreditation in June 2004. The Region has addressed several items identified in the report and is working on others for integration through the Quality Improvement program.

In compliance with the Saskatchewan Critical Incident Reporting Guidelines the Region reports all such incidents to Saskatchewan Health. The Manager of Quality Improvement oversees a review process that proposes recommendations to improve systems to prevent similar incidents in the future.

Client concern reporting and resolution is also an important aspect of quality in Heartland. In 2004-05 the Quality of Care Coordinator received 19 calls, 84% of which were concluded within 30 days of contact. In the previous year (April 1, 2003 to March 31, 2004) 20 concerns were reported and 80% were resolved within 30 days.

Heartland remained committed to continuous training and education with respect to Quality Improvement. To that end, many staff attended both the QI – Nexus Conference sponsored by the Health Quality Council in October of 2004 and the Satellite Conference of the National Forum on Quality Improvement in Health Care in December of 2004. The conference provided insight and strategies focused on Quality Improvement cycles.

In 2004-05, the Region was actively involved in research around Quality Improvement in providing services. A joint study between the University of Saskatchewan and the Region focused on Quality of Life for LTC residents. The study indicated that residents reported high quality of life. Heartland participated in the provincial Patient Experience Survey carried out by the Health Quality Council.

The findings of the survey, to be released in June 2005, will provide valuable information about the patient experience in Heartland Acute Care facilities and identify areas in which Heartland will be able to improve patient experience.

Human Resources

Heartland is an active participant on the provincial Joint Committee on Health Human Resources. With its vital role in developing, implementing and monitoring provincial Human Resource Planning and Strategies, our participation in this committee is very important. The Region's Human Resource Plan is continually updated to align with provincial initiatives and respond to regional priorities.

Heartland also participates in the collective bargaining process.

Heartland has started Aboriginal Awareness training for its out of scope staff and continues to work with its partners towards the signing of a Representative Partnership Agreement.

Employing over 1600 people, Heartland Health Region's health care services are supported by more than 1000 volunteers in 42 communities. Our employees and professional medical staff are either out of scope (5.93%) or are represented by one of following three unions: Service Employees International Union (71.75%); Saskatchewan Union of Nurses (16.97%); and Health Sciences Association of Saskatchewan (5.35%).

Evidence of a "Quality Workplace" can be collected in a number of ways. Sick leave hours for example, can indicate overall job satisfaction. Heartland sick leave hours are indicated in the table below.

Table 1. Sick Leave Rates by Work Group Affiliation

Affiliation	Sick Leave Hours per Full Time Equivalent (FTE)	
Employee Group	Heartland	Saskatchewan
HSAS	61.27	63.34
OOS	38.86	47.69
SEIU	90.83	94.84
SUN	80.79	93.07

Financial

Heartland achieved the objective of a balanced budget with some very proactive measures in managing expenditures in 2004-05. As a result the Regional Health Authority is identifying a surplus.

It is clear to the Regional Health Authority that multi-year financial planning is closely linked to the development of long term strategies with respect to three areas: Long Term Care Services; Emergency Medical Services; and Primary Care Services. Recommendations being developed for long term planning strategies in these key areas will provide the detail needed to complete multi-year financial plans.

Information Management

The multi-year Information Technology (IT) Plan has been developed in conjunction with the Provincial Information Technology Plan and remains the foundation for the Region's IT initiatives. To take full advantage of the provincially mandated health information systems, and to improve communication and internal usage, Heartland has actively upgraded the existing infrastructure. The Region has successfully centralized its email system, allowing for Heartland staff with email access to be listed in the global address system. Implementation of the Procura system for tracking and billing Home Care services, which began in 2003-04, has now been completed.

Active participation in the provincial Privacy Working Group ensures adherence to common practices around protecting the security of health information and the Health Information Protection Act.

Communications & Issues Management

Heartland actively participated in the provincial Joint Committee on Communications. This committee provided valuable coordination for regional communication on many provincial issues.

Development of a Regional Communications Plan was initiated, and will provide an important framework for managing communications in the Region. The hiring of a Coordinator of Communications has strengthened Heartland's ability to respond proactively to issues and look ahead to identifying and meeting the overall communications needs of the Region.

The Region maintained a positive relationship with the local media, who have been a very important partner in communicating the Region's health programs and services to the residents of Heartland.

Capital

Heartland's three-year plan for capital projects and capital equipment continued to focus our priorities in the Region. In particular, the ongoing planning for the development of the Outlook Health Centre has resulted in approvals through functional plan and preliminary design stages.

Federal funding to support the purchase of capital equipment provided some much needed assistance for Heartland in the areas of patient care equipment, safer workplaces and infrastructure upgrades. Having established capital equipment priorities, the Region was able to work with local Health Foundations who generously provided additional funding to ensure that many of the equipment needs within our community facilities were met.

Reporting

A wide range of reporting requirements for the Heartland Health Region have been continuously met throughout the year with a strict adherence to deadlines. Among key reporting and planning documents submitted to the Heartland Regional Health Authority and Saskatchewan Health in 2004-05 were: the Audited Financial Statements for 2003-04; the Annual Report for 2003-04; ongoing quarterly reporting of Financial Summaries; and the Operational Plan for 2005-06.

Other ongoing reports to the Heartland Regional Health Authority include: monthly Financial Reports; monthly updates of Roles and Expectations; and quarterly reporting on Accountability Document commitments.

Program-Specific Expectations

Acute Care

As in 2003-04, Heartland Health Region operated one district hospital and six community hospitals for 2004-05. The district hospital at Kindersley and the six community hospitals at Biggar, Davidson, Kerrobert, Outlook, Rosetown and Unity continued to provide the services outlined in The Action Plan for Saskatchewan Health Care.

The Region is now online with the Saskatchewan Surgical Care Network (SSCN) and will provide for the collection of information with respect to surgeries performed in Heartland Hospitals.

Institutional Supportive Care

The Region experienced no wait list for admission to LTC and experienced 12 to 15 vacancies per month in long term care over the past year.

Heartland remained focused on providing high quality long-term care services for the residents in our Long Term Care facilities. As noted earlier, recent research indicated that LTC residents reported a high quality of life.

The MDS (Minimum Data Set - provincial mandated assessment tool utilized in Long Term Care) was fully implemented (100% compliance) in the Region, and implementation of the Regina Risk Indicator Tool (RRIT) was begun.

Families continued to be supported by respite, night and day programming.

Population Health Services

In 2004-05, Heartland realigned its Population Health Services to link more strongly with its Primary Health Care Plan. A Team Development Coordinator was employed to focus on team building within the organization and with partners.

Public Health Inspectors have focused on inspection with the Tobacco Control Act coming into effect. Compliance across the region has been excellent.

Heartland continues to be served by the Medical Health Officer based out of Swift Current in a partnership arrangement with the Cypress Health Region.

The Population Health Promotion Plan for Heartland was submitted to Saskatchewan Health in 2004 and a related progress report provided in 2005.

Population Health Indicators (Performance Management Summary)

Chlamydia rates

Chlamydia incidence rates are seen as a proxy for high risk, behaviours, such as unprotected sex. At 90.1 and 62.3 for every 100,000 females and males (SK rates were 473.4 and 268.1), Heartland had one of the lowest Chlamydia incidence rates for SK health regions.

Influenza Immunization for Older Adults

Sixty-three percent of Heartland's residents over the age of 65 received their influenza shot in 2003/2004, exactly the same as 2002/2004. The provincial immunization rate for 2003/2004 was 66%, up from 2002/2003. Influenza immunization rates are a good indicator of the success of illness prevention and health promotion activities.

Community Care Services

Child and Youth, Adult Community and Psychiatric Rehabilitation Services continue to be available throughout the region. Implementation of the recommendations of the Mental Health Review (completed in 2003-04) began in 2004-05.

The Successful Mothers Program, the Safe Driving Program, the 180 Program and the Child and Youth Coordinated Behaviour Management Initiative continued. The Alternatives to Violence Program was offered through individual counselling.

Addictions Services were ongoing. They worked with Mental Health in a more coordinated fashion. Problem gambling counseling was offered in the region.

Physical and occupational therapy and speech language pathology were offered continuously in 2004-05.

A Podiatrist was hired, and the Podiatry program was available throughout the region.

Community Care Indicators (Performance Management Summary)

Alcohol and Drug Outpatient Completion Rates

In 2004-05, Heartland's completion rate for outpatient alcohol and drug services was 68.7%.

Primary Health Service

An updated Primary Health Care Plan was completed, as has an updated Diabetes Management Plan.

Five RN(NP)'s (three (3) full time, one (1) casual) worked in Heartland Health Region. Primary Health Care sites were located at Beechy, Kyle and Lucky Lake. A partnership with Cypress Health Region provided the services of an Advanced Clinical Nurse to Eatonia two days per week.

The Team Development Coordinator invested significant resources in supporting the establishment of Primary Health Care services in the Region. At March 31, 2005, 8% of Heartland residents received care from a Primary Health Care Team.

Emergency Response Services

The completion of the EMS review in 2003-04 offered several recommendations. As a result of a recommendation addressing services in the Eatonia area, an EMT-A Rover model has been established to deliver EMS services in the area. This model, unique to Saskatchewan, ensures that EMS-Advanced service is available, with staff also working in Population Health Promotion and Primary Health Care initiatives.

The Lucky Lake EMS site was amalgamated with the Beechy/Dinsmore EMS site in July, 2004.

Advanced Life Support (ALS) Services continued in Kindersley on a 24/7 basis. ALS is provided at other EMS sites based on the availability of staff with ALS training.

Community Care Indicators (Performance Management Summary)

Emergency Response Services
In 2003-04 Heartland responded to ambulance calls 93.3 % of the time where at least one EMS provider had basic EMT training.

Home-based Acute and Palliative Care

Assessment and Care Co-ordination, Nursing, Personal Care, Home Management, Respite, Minor Home maintenance and Meals were provided throughout the region. These services were delivered as part of an integrated continuum of care.

Medical/Physician Services – Other

Heartland remained willing to work collaboratively with the Department of Health to establish and implement standardized systems of measuring and reporting medical workload/services. Upon receiving direction, Heartland Health Region will participate in the development and implementation of a standardized provincial bargaining framework for regionally administered physician services. As well, the Region will adhere to the principles of the standardized framework in managing medical compensation/service issues. As of March 31, 2005, the Region had three physician vacancies.

Home-based Supportive Care

Assessment and Care Co-ordination, Nursing, Personal Care, Home Management, Respite, and Meals were provided throughout the region as part of an integrated continuum of care. Heartland Health Region continues to work collaboratively with housing authorities and other stakeholders to provide transition suites and assisted living accommodations. There are presently three (3) assisted living projects and eight (8) personal care homes in the Region. Some housing authorities work cooperatively with Heartland Health Region to ensure the availability of appropriate equipment for residents.

Bi-annual and as-needed assessments of personal care home residents were completed and support was provided as required.

Program Support Services

Heartland Health Region continued to manage all expenses within their appropriate funding pools, and maintained a single accounting and payroll system. A consolidated payroll system was in place in all facilities, including the affiliate. Software for materials management was purchased and was introduced. The Region was represented on the Provincial Supply Chain working group.

Heartland worked with other Regional Health Authorities and Saskatchewan Health to ensure that the Regional Health Authority appropriately addressed local issues and that Saskatchewan Health appropriately addressed provincial issues. A good relationship existed with local media. Monthly, the Chair attended the Ministers Forum and the President/CEO attended the Leadership Council. Vice-Presidents participated in various Joint Committee Meetings.

Challenges and Future Directions

In providing health services and programs for the residents of the Heartland Health Region, the Authority must continually monitor all of the indicators that guide decision-making about the most effective use of our resources. As a rural Health Region we are well aware of the population trends that indicate a continuing decline in Heartland residents. It is extremely important, therefore, that we develop long term plans for our Region, thus ensuring that appropriate health services will be available for Heartland residents when needed.

Sustaining the Infrastructure – The Challenges

Our programs and services, concentrated in sixteen (16) communities, are provided to 44,429 Heartland residents. They are widely dispersed throughout the Region's 41,770 square kilometers. Sustaining this infrastructure within the limitations of available workforce and fiscal resources is a constant challenge.

Heartland's facilities offer 509 LTC beds throughout the region. Current vacancy rates and a declining population in the over 75 age group increases the potential of the reduction of LTC beds in the future.

Our current commitment to maintain specialty programs (e.g. obstetrics) that have low service volumes challenge our ability to maintain the necessary staff skills. It also raises questions about the sustainability of these specialty programs.

Recruiting health professionals to rural Saskatchewan to fill vacancies in our small facilities continues to be a challenge. The small complement of available health professionals (e.g. Registered Nurses) in many of our communities often leads to costly overtime in our hospitals and LTC facilities. This places additional pressure on the budget. The constant challenge of successfully recruiting health professionals to some facilities may affect our ability to provide the current level of service in the future. Equally important is the stress and risk of burnout that many of our health professionals have expressed. We have a genuine concern for the well being of our staff as we strive to provide a Quality Workplace.

Connected to our infrastructure are the seventeen (17) Emergency Medical Service sites located throughout the Region. Low call volumes in several sites challenges our ability to recruit and retain trained EMS staff to those sites.

Also connected to our infrastructure are an array of community services which encompass population health, primary health, mental health, addictions and home-based supportive care. To effectively serve the Region our small complement of community services staff spend significant hours traveling to the many communities that are widely dispersed throughout our Region.

Responding to the Challenges

To respond to Heartland's ongoing operational challenges, the Authority has focused on the need to develop long term plans. In doing so, it has identified three committees (as previously reported) to look at the areas of Primary Health Care Services, Long Term Care Services and Emergency Medical Services. These committees involve all members of the RHA along with senior management staff

and will make recommendations for the development of long term strategic plans.

The Region's move toward sustainable health programs and services is linked to strategic Capital Facility Development. Currently, Heartland is focused on the finalizing the functional plan for the Outlook Capital Project leading to preparations for the project going to tender. The long term Operational Plan includes developing of capital plans/projects where appropriate.

Heartland's proactive Human Resource Plan is focused on a variety of strategies intended to recruit health professionals to the Region. This, combined with initiatives that contribute to Quality Workplace, will be priorities into 2005-06 and beyond. The Heartland Regional Health Authority believes that 'Everyone Makes a Difference in Heartland' and sincerely wants to demonstrate that through employee-focused actions.

There is ever increasing evidence that lifestyles related to the 'determinants of health' have a significant and far reaching impact on our individual health and well being. Heartland will focus its efforts and resources on health promotion and education to increase public awareness in this area. Building opportunities for Heartland residents to access Primary Health Care is part of a preventative approach that connects with Population Health strategies to build community and individual capacity and awareness to care for ourselves. The Region will continually look for opportunities to shift resources in this direction.

Increased communication and dialogue with residents, stakeholders and staff is absolutely essential in the dynamic and ever-changing health care field. As new technologies, new drug therapies and new information about what affects our health come forward, Heartland must be prepared to shift resources to where they will most benefit our residents. As we respond to emerging realities with the appropriate adjustments, we will be focusing communication and ensuring appropriate information flow to residents, stakeholders and staff. We will also continue to highlight the real costs of providing current health services and the choices for alternative use of available resources.

Performance Management Summary

Indicator		Heartland Regional Health Authority	Provincial Comparison	Range
Organizational Effectiveness Indicators				
2.1.1.1.	CCHSA current accreditation status for RHAs	Accreditation with Report (June 2004)	n/a	n/a
2.1.1.2.	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2004-05*	19	n/a	12-888
2.1.1.3.	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2003-04*	84%	87%	25-90%
2.1.1.8.	Number of sick leave hours per full time equivalent (FTE) PROVIDER UNIONS (SEIU) *2004-05*	90.83	94.84	74.09-107.86
	Number of sick leave hours per full time equivalent (FTE) HSAS *2004-05*	61.27	63.34	52.54-120.03
	Number of sick leave hours per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	38.86	47.69	38.86-56.87
	Number of sick leave hours per full time equivalent (FTE) SUN *2004-05*	80.79	93.07	70.00-98.43
2.1.1.9.	Number of wage-driven premium hours per full time equivalent (FTE) PROVIDER UNIONS (SEIU) *2004-05*	23.59	26.65	11.30-61.97
	Number of wage-driven premium hours per full time equivalent (FTE) HSAS *2004-05*	48.65	22.38	2.89-48.65
	Number of wage-driven premium hours per full time equivalent (FTE) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	1.20	2.43	0.00-6.45

Indicator		Heartland Regional Health Authority	Provincial Comparison	Range
	Number of wage-driven premium hours per full time equivalent (FTE) SUN *2004-05*	46.61	63.99	19.92-314.54
2.1.1.10.	Health system full time equivalents (FTEs) PROVIDER UNIONS (SEIU) *2004-05*	720.40	16,159.23	98.44-4,451.74
	Health system full time equivalents (FTEs) HSAS *2004-05*	53.69	1,789.57	n/a
	Health system full time equivalents (FTEs) OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	59.57	2,284.23	n/a
	Health system full time equivalents (FTEs) SUN *2004-05*	170.43	5,695.35	n/a
2.1.1.11.	Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2004-05*	6.47	6.52	4.32-9.67
2.1.1.12.	Number of lost-time WCB days per 100 full time equivalents (FTEs) *2004-05*	152.43	345.86	152.43-492.92
2.1.1.17.	Worked hours as a percentage of paid hours PROVIDER UNIONS (SEIU) *2004-05*	79.9%	79.8%	78.5-81.5%
	Worked hours as a percentage of paid hours HSAS *2004-05*	83.5%	82.0%	79.7-83.5%
	Worked hours as a percentage of paid hours OOS/OTHER* *2004-05* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	81.7%	81.1%	69.5-83.7%
	Worked hours as a percentage of paid hours SUN *2004-05*	79.0%	79.1%	77.3-85.4%
2.1.1.18.a	Working capital ratio *2004-05*	1.06	n/a	.45-1.84
2.1.1.18.b	Number of days able to operate with working capital *2004-05*	(4.77)	n/a	(68.06)-28.83
2.1.1.19.	Surplus/deficit as a percentage of actual expenditure *2004-05*	0.3%	n/a	(1.5%)-1.4%

Indicator		Heartland Regional Health Authority	Provincial Comparison	Range
2.1.1.21.	Budget versus actual expenditures ACUTE CARE funding pool *2004-05*	$277,334	n/a	n/a
	Budget versus actual expenditures SUPPORTIVE CARE funding pool *2004-05*	(875,733)	n/a	n/a
	Budget versus actual expenditures COMMUNITY BASED CARE funding pool *2004-05*	191,545	n/a	n/a
	Budget versus actual expenditures PROGRAM SUPPORT funding pool *2004-05*	94,511	n/a	n/a
Program-Specific Indicators				
Province Wide Services				
2.2.1.2.	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans *2004-05*	n/a		
2.2.1.3.	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2004-05*	n/a		
2.2.1.4.	Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB) *2004*	n/a	59	42-76
2.2.1.6.	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre *2003-04*	•Small number; cell suppressed to protect privacy	•70.3% Adult •61.6% Child & Youth	•50.0-95.5% •44.4-91.7%
Acute Care Services				
2.2.2.3.a	Number of surgical cases *2004-05*	n/a	53.0%	48.0-66.0%
2.2.2.3.b	Percentage of surgical cases performed as day surgery *2004-05*	n/a	n/a	n/a
2.2.2.4.	Percentage of surgical cases completed within 6 months, 12 months, and 18 months *2004-05*	n/a	n/a	n/a

Indicator		Heartland Regional Health Authority	Provincial Comparison	Range
Institutional Supportive Care Services				
2.2.4.5.	Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores *Q2 2004-05 (Quarterly Report – October 2004)*	26.5%	21.8%	12.7 – 29.1%
Population Health Services				
2.2.6.1.	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA *2004** *NOTE: SIMS does not capture on-reserve immunizations	84.5%	73.3%	57.3-86.3%
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES *2004** *NOTE: SIMS does not capture on-reserve immunizations	81.6%	71.7%	57.3-85.6%
2.2.6.6.	Genital chlamydia rate per 100,000 population MALES *2003*	62.3	268.1	27.4 – 3,259.0
	Genital chlamydia rate per 100,000 population FEMALES *2003*	90.1	473.4	53.8 – 5,784.4
2.2.6.7.	Influenza immunization rate per 100 population (age 65 years and over) *2003-04*	63.3%	65.8%	56.8 – 72.8%
2.2.6.8.	Population health promotion plan approved by RHA boards and submitted as part of health region operational plans (fall 2004) and progress report March 31, 2005 *[yes/no indicator]*	Yes	n/a	n/a
Community Care Services				
2.2.7.2.	Alcohol and drug outpatient treatment completion rate per 100 admissions *2003-04*	68.7%	58.4%	43.7 – 72.6%
Primary Health Services				
2.2.9.1.	Percentage of the population served by primary health care teams *March 2005*	8.05	23.89%	0.00% – 100.00%

Indicator		Heartland Regional Health Authority	Provincial Comparison	Range
2.2.9.3.	Total number of new primary health care teams in the current fiscal year *2004/2005*	0	n/a	n/a
2.2.9.4.	Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.5.	Regional Operational / Budget Plan includes an updated Diabetes Management Plan *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.6.	Regional Operational / Budget Plan outlines potential financial requirements *2004-05 [yes/no indicator]*	Yes	n/a	n/a
2.2.9.7.	Regional Health Authorities participated in 3-year and 5-year evaluations of demonstration sites, as required *2004-05 [yes/no indicator]*	Yes	n/a	n/a
Emergency Response Services				
2.2.10.1.	Percentage of ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training *2003-04*	93.32%	98.76%	70.17% – 100.00%
Mental Health and Addiction Services				
2.2.11.2.	Mental health inpatient readmission rate per 100 mental health inpatient separations *2003-04*	n/a	20.2%	17.9 – 26.3%
2.2.11.3.	Alcohol and drug inpatient treatment completion rate per 100 admissions *2003-04*	n/a	68.2%	62.3 – 79.4%
Program Support Services				
2.2.13.1.	Administrative expenditures in program support funding pool as a percentage of overall base operating funds *2004-05*	4.6%	n/a	306%-11.5%

Indicator		Heartland Regional Health Authority	Provincial Comparison	Range
Health Status and Outcome Indicators				
3.1.1.1.	Infant mortality rate per 1,000 live births *1998-2002*	5.08	6.24	1.70– 15.66
3.1.1.2.a	Low birth weight rate per 100 live births *1998-2002*	4.56	5.26	4.34 – 6.19
3.1.1.2.b	High birth weight rate per 100 live births *1998-2002*	13.1	15.7	13.1 – 26.7
3.1.1.4.a	Disability-free life expectancy (at birth) MALES *1996*	69.2	66.6	61.8 – 69.2
	Disability-free life expectancy (at birth) FEMALES *1996*	71.6	70.0	63.2 – 72.5
3.1.1.4.b	Disability-free life expectancy (at age 65 years) MALES *1996*	11.0	11.2	8.7 – 12.1
	Disability-free life expectancy (at age 65 years) FEMALES *1996*	12.8	12.7	8.4 – 13.2
3.1.1.5.a	Life expectancy (at birth) MALES *2001*	75.6	76.2	72.1 – 78.2
	Life expectancy (at birth) FEMALES *2001*	81.9	81.8	76.1 – 82.8
3.1.1.5.b	Life expectancy (at age 65 years) MALES *2001*	16.3	16.9	15.6 – 18.0
	Life expectancy (at age 65 years) FEMALES *2001*	20.0	20.9	17.2 – 21.8
3.1.1.6.	Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent *2003*	62.9%	59.5%	57.6% – 68.2%
3.1.1.7.	Percentage of population (age 12 years and over) who are current, daily or occasional smokers MALES *2003*	23.9%	24.6%	20.8% – 40.7%
	Percentage of population (age 12 years and over) who are current, daily or occasional smokers FEMALES *2003*	14.1%	23.1%	11.6% – 42.0%
3.1.1.8.a	Percentage of population (age 18 to 64 years) who are overweight (BMI 25.0-29.9) *2003*	37.1%	35.8%	31.7% – 41.8%
3.1.1.8.b	Percentage of population (age 18 to 64 years) who are obese (BMI 30.0+) *2003*	23.6%	20.5%	16.4% – 27.2%

Indicator		Heartland Regional Health Authority	Provincial Comparison	Range
3.1.1.10.a	Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active *2003*	46.0%	49.8%	41.7% – 56.1%
3.1.1.10.b	Percentage of population (age 12 years and over) who report physical activity participation levels of inactive *2003*	50.3%	47.8%	41.0% – 56.4%
3.1.1.12.	Age-adjusted diabetes prevalence rate per 1,000 population *2001-02*	34.0	n/a	29.5 – 72.5
3.1.1.13.	Injury hospitalization rate per 1,000 population (age 0 to 19 years) MALES *2002-03*	9.8	9.3	6.7 – 17.6
	Injury hospitalization rate per 1,000 population (age 0 to 19 years) FEMALES *2002-03*	5.2	6.5	4.6 – 12.0
3.1.1.14.	Hospitalization rate due to falls per 1,000 population (age 65 years and over) MALES *2002-03*	16.9	13.4	3.6 – 20.2
	Hospitalization rate due to falls per 1,000 population (age 65 years and over) FEMALES *2002-03*	35.0	25.1	0.0 – 35.0

Heartland Health Region
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Management Report

May 24, 2005

Heartland Health Region
Report of Management

The accompanying financial statements are the responsibility of management and are approved by the Heartland Regional Health Authority. The financial statements have been prepared in accordance with the Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Regional Health Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Gene Motruk
Chief Executive Officer

Stacey Bosch
VP of Corporate Service

Appendix One: Financial Statements

Financial Statements of

HEARTLAND REGIONAL HEALTH AUTHORITY

Year ended March 31, 2005

KPMG LLP
Chartered Accountants
600 - 128 Fourth Avenue South
Saskatoon SK S7K 1M8

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AUDITORS' REPORT TO THE AUTHORITY MEMBERS

We have audited the statement of financial position of Heartland Regional Health Authority as at March 31, 2005 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

KPMG LLP

Chartered Accountants

Saskatoon, Canada
May 2, 2005

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Financial Position

March 31, 2005, with comparative figures for 2004

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2005	Total 2004 (Note 11)
Assets					
Current assets:					
Cash and short-term investments (schedule 2)	$ 7,253,336	$ 1,514,385	$ 52,722	$ 8,820,443	$ 5,053,870
Accounts receivable:					
Saskatchewan Health	134,785	232,616	-	367,401	1,430,143
Other	614,963	13,844	-	628,807	722,595
Inventory	974,878	-	-	974,878	992,063
Prepaid expenses	320,319	-	-	320,319	369,943
	9,298,281	1,760,845	52,722	11,111,848	8,568,614
Investments (schedule 2)	593,117	96,306	-	689,423	778,517
Capital assets (note 3)	-	29,562,721	-	29,562,721	32,801,558
	$ 9,891,398	$ 31,419,872	$ 52,722	$ 41,363,992	$ 42,148,689
Liabilities and Fund Balances					
Current liabilities:					
Accounts payable	$ 2,174,636	$ 45,173	$ -	$ 2,219,809	$ 666,481
Accrued salaries	2,454,013	-	-	2,454,013	2,594,310
Vacation payable	3,707,811	-	-	3,707,811	3,460,630
Mortgages payable - current (note 5)	-	450,283	-	450,283	414,770
Long term debt - current (note 6)	-	171,676	-	171,676	200,297
Deferred revenue (note 7)	1,528,030	-	-	1,528,030	1,433,620
Interfund balance	(98,235)	98,235	-	-	-
	9,766,255	765,367	-	10,531,622	8,770,108
Mortgages payable (note 5)	-	8,905,793	-	8,905,793	9,369,486
Long-term debt (note 6)	-	177,233	-	177,233	100,741
Total liabilities	9,766,255	9,848,393	-	19,614,648	18,240,335
Fund balances:					
Invested in capital assets	-	19,857,736	-	19,857,736	22,716,264
Externally restricted (schedule 3)	-	604,920	52,722	657,642	327,993
Internally restricted (schedule 4)	-	1,442,810	-	1,442,810	1,404,456
Unrestricted	125,143	(333,987)	-	(208,844)	(540,359)
	125,143	21,571,479	52,722	21,749,344	23,908,354
Commitments and contingencies (note 4)					
	$ 9,891,398	$ 31,419,872	$ 52,722	$ 41,363,992	$ 42,148,689

See accompanying notes to financial statements.

On behalf of the Authority:

Director

Director

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

Year ended March 31, 2005, with comparative figures for 2004

	Operating Fund			Restricted			
	Budget 2005	2005	2004 (Note 11)	Capital Fund 2005	Community Trust Fund 2005	Total 2005	Total 2004 (Note 11)
Revenues:							
Saskatchewan Health	$ 53,434,888	$ 53,391,241	$ 51,098,974	$ 2,184,029	$ -	$ 2,184,029	$ 881,747
Other provincial	133,860	131,066	116,434	368,243	-	368,243	387,001
Federal government	-	-	1,117	-	-	-	-
Patient fees	7,811,441	7,948,864	7,942,225	-	-	-	-
Out of province (reciprocal)	307,300	287,371	309,354	-	-	-	-
Donations	-	64,065	21,801	594,172	-	594,172	352,495
Investment	147,500	151,029	155,750	47,721	1,227	48,948	17,387
Ancillary	-	31,088	70,685	-	-	-	-
Recoveries	1,108,409	1,219,880	1,189,324	-	-	-	-
Other	335,722	461,154	284,787	-	-	-	5,042
	63,279,120	63,685,758	61,200,251	3,194,165	1,227	3,195,392	1,643,672
Expenses:							
Province wide acute care services	38,174	28,863	50,849	-	-	-	-
Acute care services	13,169,738	12,968,915	13,056,599	630,477	-	630,477	615,679
Physician compensation - acute	340,675	273,475	258,969	-	-	-	-
Supportive care services	29,348,247	30,233,576	28,468,938	3,107,189	-	3,107,189	2,888,820
Home based service - supportive care	5,122,415	5,110,819	4,966,110	13,116	-	13,116	19,574
Population health services	2,564,430	2,284,030	2,175,489	10,288	-	10,288	13,371
Community care services	2,867,173	2,650,469	2,498,060	8,878	-	8,878	4,854
Home based services - acute and palliative	559,826	550,283	532,882	1,048	-	1,048	1,889
Primary health care services	2,822,021	2,992,667	2,744,533	287,545	-	287,545	288,717
Emergency response services	2,735,017	2,841,715	2,592,437	200,781	-	200,781	145,155
Mental health services - in-patient	-	-	-	-	-	-	-
Addictions services - residential	350,000	350,000	350,000	-	-	-	-
Physician compensation - community services	245,350	283,108	245,848	-	-	-	-
Program support services	3,039,854	2,945,343	3,168,305	1,267,276	-	1,267,278	151,901
Special funded programs	-	321	2,489	-	-	-	-
	63,200,920	63,513,584	61,110,506	5,526,576	-	5,526,576	4,127,560
Excess (deficiency) of revenue over expenses	78,200	172,174	89,745	(2,332,411)	1,227	(2,331,184)	(2,483,888)
Fund balances, beginning of year	-	5,045		23,861,814	51,495	23,903,309	26,302,497
Interfund transfers (note 15)	-	(52,076)	(84,700)	52,076	-	52,076	84,700
Fund balances, end of year	$ 78,200	$ 125,143	$ 5,045	$ 21,571,479	$ 52,722	$ 21,624,201	$ 23,903,309

See accompanying notes to financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

Year ended March 31, 2005, with comparative figures for 2004

	Operating Fund		Restricted			
	2005	2004 (Note 11)	Capital Fund 2005	Community Trust Fund 2005	Total 2005	Total 2004 (Note 11)
Cash provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenue over expenses	$ 172,174	$ 89,745	$ (2,332,411)	$ 1,227	(2,331,184)	$ (2,483,688)
Net change in non-cash working capital (note 8)	2,801,897	(225,474)	176,284	-	176,284	(96,444)
Amortization of capital assets	-	-	3,541,971	-	3,541,971	3,582,358
Loss on disposal of capital assets	-	-	1,407,166	-	1,407,166	-
Change in interfund balances	714,200	102,944	(714,200)	-	(714,200)	(102,944)
	3,688,071	(32,785)	2,078,790	1,227	2,080,017	899,082
Purchase of capital assets:						
Building/construction	-	-	(667,056)	-	(667,056)	(125,569)
Equipment	-	-	(853,245)	-	(853,245)	(533,489)
Redemption (purchase) of long-term investments	(83,400)	(1,100)	172,494	-	172,494	97,132
	(83,400)	(1,100)	(1,537,806)	-	(1,537,806)	(561,926)
Repayment of debt	-	-	(494,578)	-	(494,578)	(454,201)
Issuance of debt	-	-	114,269	-	114,269	124,434
	-	-	(380,309)	-	(380,309)	(329,767)
Net increase (decrease) in cash and short-term investments during the year	3,604,671	(33,885)	160,675	1,227	161,902	7,389
Cash and short-term investments, beginning of year	3,700,741	3,819,326	1,301,834	51,495	1,353,129	1,261,040
Interfund transfers (note 16)	(52,076)	(84,700)	52,076	-	52,076	84,700
Cash and short-term investments, end of year	$ 7,253,336	$ 3,700,741	$ 1,514,585	$ 52,722	$ 1,567,107	$ 1,353,129

See accompanying notes to financial statements.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to Financial Statements

Year ended March 31, 2005

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1. **Legislative authority:**

   On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

   On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continued as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

   The Heartland Regional Health Authority ("RHA") was created by the Act. The RHA is responsible for the planning, organization, delivery and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Heartland Health Region.

2. **Significant accounting policies:**

   These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

   (a) Health Care Organizations:

      i) The RHA has agreements with and grants funding to the following community based organizations (CBOs) and third parties to provide health services:

         - Canadian Mental Health Association (Saskatchewan Division) Inc.
         - Bridgepoint Centre for Eating Disorders Inc.
         - Kindersley & District Alcohol and Drug Abuse Society Inc. (prior to amalgamation on July 1, 2003)

      Note 10b) i) provides disclosure of payments to CBOs and third parties.

      ii) The following affiliate is incorporated as follows (and are registered charities under the Income Tax Act):

         - St. Joseph's Hospital of Macklin (incorporated under *The Regional Health Services Act*).

      The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

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2. **Significant accounting policies (continued):**

This affiliate is not consolidated into the RHA financial statements. Alternatively, note 10 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of this affiliate.

(b) Fund accounting:

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA* including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

2. **Significant accounting policies (continued):**

(c) Revenue:

Unrestricted contributions are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

(d) Capital assets:

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Rate
Buildings	5%
Land improvements	5%
Equipment	6.25 to 33%

Donated capital assets are recorded at their fair value at the date of contribution if fair value can be reasonably determined.

(e) Inventory:

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on the first in, first out basis.

(f) Investments:

Investments are valued at the lower of cost or net realizable value.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

2. **Significant accounting policies (continued):**

(g) Pensions:

Employees of RHA participate in several multi-employer defined pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

(h) Measurement uncertainty:

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. **Capital assets:**

	Cost	Accumulated amortization	2005 Net book value	2004 Net book value
Land	$ 332,891	$ -	$ 332,891	$ 336,830
Land improvements	451,369	376,412	74,957	102,976
Buildings	50,860,831	25,722,718	25,138,113	28,743,370
Equipment	17,997,939	14,685,214	3,312,725	3,531,797
Construction in progress	704,035	-	704,035	86,585
	$ 70,347,065	$ 40,784,344	$ 29,562,721	$ 32,801,558

During the year, the RHA transferred the ownership of facilities with a net book value of $1,381,770 to community organizations for proceeds of $nil. The loss on disposal of these facilities of $1,381,770 is reflected as program support service expenses in the capital fund.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

4. Commitments and contingencies:

a) Capital assets acquisitions

At March 31, 2005, commitments for acquisition of capital assets were $244,000 (2004 - $185,247).

b) Operating leases

Minimum annual rentals under operating leases on property and equipment over the next five years are as follows:

2006	$ 67,833
2007	59,443
2008	38,968
2009	8,119
2010	378

c) Joint job evaluation reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time the Steering Committee has not yet reached any final decisions regarding reconsiderations.

As the final results of the reconsideration process are currently unknown, the cost of the reconsiderations cannot be reasonably determined.

d) Collective bargaining agreements

The collective bargaining agreements for HSAS and SEIU expired March 31, 2004. New collective agreements have not yet been signed with these unions. No provision has been made in these financial statements for possible retroactive settlements to April 1, 2004.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

5. Mortgages payable:

Title of Issue	Interest Rate	Annual Repayment Terms	2005	2004
Jubilee Lodge, Eston - CMHC mortgage, due May 1, 2017	5.8%	$4,510 principal & interest. Mortgage renewal date - May 1, 2017	$ 39,549	$ 41,744
Wheatbelt Centennial Lodge, Rosetown - CMHC mortgage, due Oct. 1, 2017	5.9%	$11,182 principal & interest. Mortgage renewal date - Oct. 1, 2017	98,219	103,532
Arm River Housing Corporation, Davidson - CMHC mortgage, due Dec. 1, 2016	5.4%	$13,097 principal & interest. Mortgage renewal date - Dec. 1, 2016	114,264	121,088
Diamond Lodge Company Ltd., Biggar - CMHC mortgage, due Jan. 1, 2017	5.4%	$10,674 principal & interest. Mortgage renewal date - Jan. 1, 2017	93,600	99,138
Unity & District Health Centre, Unity - CMHC mortgage, due April 1, 2019	6.9%	$9,824 principal and interest. Mortgage renewal date - Apr. 1, 2019	88,999	92,655
Buena Vista Lodge, Kerrobert, CMHC mortgage, due April 1, 2025	8.0%	$20,814 principal and interest. Mortgage renewal date - Apr. 1, 2025	209,772	213,899
Diamond Lodge Company Ltd., Biggar - CMHC mortgage, due Aug. 1, 2025	8.0%	$11,744 principal and interest. Mortgage renewal date - Aug. 1, 2025	119,145	121,414
Outlook & District Pioneer Home Inc., Outlook - CMHC mortgage, due Jan. 1, 2017	5.4%	$14,686 principal and interest. Mortgage renewal date - Jan. 1, 2017	128,804	136,422

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

5. Mortgages payable (continued):

Title of Issue	Interest Rate	Annual Repayment Terms	2005	2004
Heritage Manor, Kindersley - CMHC mortgage, due May 1, 2021	5.0%	$289,327 principal and interest of which $101,425 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Sep. 1, 2014.	3,210,499	3,332,839
Prairie Manor, Dinsmore - CMHC mortgage, due April 1, 2022	5.9%	$46,337 principal and interest of which $17,721 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2006.	499,943	516,668
Jubilee Lodge, Eston - CMHC mortgage, due June 1, 2022	6.5%	$90,982 principal and interest of which $37,646 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Oct. 1, 2005.	950,627	980,198
Lucky Lake & District Special Care Home Inc. - CMHC mortgage, due Oct. 1, 2021	6.2%	$48,083 principal and interest of which $19,350 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2006.	498,757	515,706
Prairie View Lodge, Davidson - CMHC mortgage, due Dec. 1, 2020.	5.1%	$46,995 principal and interest of which $15,107 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Dec. 1, 2013.	508,477	529,094

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

5. **Mortgages payable (continued):**

Title of Issue	Interest Rate	Annual Repayment Terms	2005	2004
Wilkie & District Centennial Nursing, Wilkie - CMHC mortgage, due Feb. 1, 2008	5.6%	$122,223 principal and interest of which $30,720 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Jun. 1, 2006.	326,767	427,802
Diamond Lodge Company Ltd. - CMHC mortgage, due April 1, 2019	6.5%	$89,954 principal and interest of which $36,125 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date Oct. 1, 2005.	835,145	870,811
Outlook & District Pioneer Home, Outlook - CMHC mortgage, due April 1, 2021	5.9%	$63,469 principal and interest of which $23,629 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Aug. 1, 2006.	660,603	684,875
Golden Years Lodge, Elrose - CMHC mortgage, due Aug. 1, 2025	6.2%	$83,874 principal and interest of which $96,000 is subsidized by SHC yielding an effective interest rate of 2.0%. Mortgage renewal date - Feb. 1, 2006.	972,906	996,371
			9,358,078	9,784,256
Less current portion			450,283	414,770
			$ 8,905,793	$ 9,369,486

5. Mortgages payable (continued):

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2006	$ 450,283
2007	476,026
2008	503,737
2009	533,081
2010	564,154
Subsequent	6,828,795
	$ 9,356,076

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

6. **Long-term debt:**

Title of Issue	Interest Rate	Annual Repayment Terms	2005	2004
Eston Health Centre - Royal Bank of Canada demand loan	5.65%	$50,700 principal and interest. Loan renewal date March 31, 2007	$ 133,190	$ 176,604
Rosetown Ambulance Lease, Saskatchewan Property Management Corp.	4.85%	$27,424 principal and interest. Lease term 5 years	101,450	124,434
Biggar Ambulance Garage, Town of Biggar	4.25%	$19,215 principal and interest. Loan maturity date December 7, 2011	114,269	-
			348,909	301,038
Less current portion			171,676	200,297
			$ 177,233	$ 100,741

Principal repayments required in each of the next five years is estimated as follows:

2006	$ 171,676
2007	40,246
2008	42,088
2009	41,828
2010	16,959
Subsequent	36,112
	$ 348,909

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

7. Deferred revenue:

	Balance beginning of year	Less amount recognized from Health	Add amount received from Health	Less amount recognized from other sources	Add amount received from other sources	Balance end of year
Health Improvements Initiatives	$ 536,336	$ -	$ -	$ -	$ -	$ 536,336
Behavioural Management Initiatives	221,670	(34,594)	-	-	-	187,076
Primary Health Transition	91,079	-	-	-	-	91,079
Team Facilitator Position	78,600	-	-	-	-	78,600
Diabetes Strategy Program	76,658	-	-	-	-	76,658
Communication Systems	74,254	(15,748)	-	-	-	58,506
Mental Health Manager	60,000	-	-	-	-	60,000
Workplace Wellness	50,078	(19,967)	-	-	-	30,111
Infant Mortality Risk Program	46,415	-	14,500	-	-	60,915
Professional Development	45,162	(8,592)	43,099	-	-	79,669
Primary Health System-MARS Software Program	42,435	-	-	-	-	42,435
Parent Support Program	32,000	(7,629)	-	-	-	24,371
Tri-District Parent Support	32,000	-	-	-	-	32,000
Aboriginal Awareness	12,441	(4,027)	3,050	-	-	11,464
Mental Health-Approved Homes	10,766	-	-	-	-	10,766
Adult Behavioural Management	10,017	-	-	-	-	10,017
Former Greenhead Education Fund*	9,492	-	-	(1,050)	-	8,442
Occupational Health & Safety	2,484	-	-	-	-	2,484
Primary Health Info Service	1,547	-	10,000	-	-	11,547
Lucky Lake ACN Clinic	186	-	-	-	-	186
Quality Health Workplace Initiative	-	(1,594)	63,335	-	-	61,741
Healthline	-	-	3,500	-	-	3,500
Hospital Information Protection Act	-	-	19,200	-	-	19,200
Evidence Based Decision Making Workshop*	-	-	-	(14,823)	26,750	11,927
Smoking Prohibitions	-	-	19,000	-	-	19,000
	$ 1,433,620	$ (92,151)	$ 175,684	$ (15,873)	$ 26,750	$ 1,528,030

Restricted funding is recorded as revenue as the related costs are incurred. With the exception of items noted as *, funding is received from Saskatchewan Health - General Revenue Fund.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

8. Net change in non-cash working capital:

	Operating Fund		Restricted Funds			
	2005	2004	Capital Fund	Community Trust Fund	Total 2005	Total 2004
Accounts receivable	$ 976,277	$ (267,893)	$ 180,253	$ -	$ 180,253	$ (3,727)
Inventory	17,185	(57,821)	-	-	-	-
Prepaid expenses	49,624	(221,438)	-	-	-	-
Accounts payable	1,557,317	(355,193)	(3,989)	-	(3,989)	(92,717)
Accrued salaries	(140,297)	775,255	-	-	-	-
Vacation payable	247,181	67,976	-	-	-	-
Deferred revenue	94,410	(166,360)	-	-	-	-
	$ 2,801,697	$ (225,474)	$ 176,264	$ -	$ 176,264	$ (96,444)

9. Patient and resident trust accounts:

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2005 was $15,987 (2004 - $17,912). These amounts are not reflected in the financial statements.

10. Related parties:

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related party transactions

Transactions with related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

10. Related parties (continued):

	2005	2004
Accounts receivable:		
Saskatchewan Health	$ 367,401	$ 1,563,983
	367,401	1,563,983
Accounts payable:		
Saskatchewan Healthcare Employees' Pension Plan	$ 327,048	$ -
SAHO Disability Plan	77,842	65,690
Minister of Finance	48,882	-
Saskatchewan Property Management Corporation	50,072	27,717
Sask Energy Incorporated	92,714	-
	$ 596,558	$ 93,407
Revenues:		
Saskatchewan Health	$ 55,575,270	$ 51,980,721
Saskatchewan Housing Corporation	368,243	387,001
SGI Canada Insurance Services Ltd.	-	81,267
Other	131,066	116,434
Workers' Compensation Board	111,721	90,170
	$ 56,186,300	$ 52,655,593
Expenses:		
Bridgepoint Centre for Eating Disorders Inc.	$ 350,000	$ 350,000
Other Regional Health Authorities	83,360	55,179
SAHO Dental Plan	426,649	464,173
SAHO Disability Plan	521,668	431,717
SAHO Enhance Medical/Extended Dental Plan	793,455	761,525
Saskatchewan Association of Health Organizations	110,224	195,093
Saskatchewan Healthcare Employees' Pension Plan	2,386,045	1,861,905
Saskatchewan Power Corporation	701,670	671,499
Saskatchewan Property Management Corporation	741,501	555,659
Saskatchewan Telecommunications	418,230	435,572
SaskEnergy Incorporated	713,204	624,801
SGI Canada Insurance Services Ltd.	25,850	39,317
St. Joseph's Hospital of Macklin	1,261,671	1,177,607
Workers' Compensation Board	1,025,740	1,408,768
Beechy Demain Emergency Services	76,856	51,352
Saskatchewan Finance	36,648	24,479
Elrose Ambulance Service	13,498	14,421
Minister of Finance	48,894	42,210
Public Employees Pension Plan	28,371	24,597
Public Service Superannuation Plan	12,276	19,544
Saskatoon Health Region	301,100	302,471
	$ 10,076,910	$ 9,511,889

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

10. Related parties (continued):

on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations

i) Community Based Organizations and Third Parties

The RHA has also entered into agreements with CBOs and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, RHA provided the following amounts to CBOs and third parties:

	2005	2004
Bridgepoint Centre for Eating Disorders Inc.	$ 350,000	$ 350,000
Canadian Mental Health Association (Saskatchewan Division) Inc.	22,375	22,375
Kindersley & District Alcohol & Drug Abuse Society Inc. (prior to amalgamation of July 1, 2003)	-	27,178
	$ 372,375	$ 399,553

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with , and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over its affiliate by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to the RHA's affiliate:

	2005	2004
St. Joseph's Hospital	$ 1,261,671	$ 1,177,607
	$ 1,261,671	$ 1,177,607

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

10. **Related parties (continued):**

b) Health Care Organizations - continued:

a) Affiliates - continued

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2005 and 2004 and for the years then ended:

	2005	2004
Statement of financial position:		
Current assets	$ 458,094	$ 542,684
Net capital assets	2,929,783	3,008,311
	$ 3,387,877	$ 3,550,995
Total liabilities	$ 198,454	$ 269,988
Total fund balances	3,189,423	3,281,007
	$ 3,387,877	$ 3,550,995
Results of operations:		
RHA grant	$ 1,261,671	$ 1,177,607
Other revenue	406,063	470,948
Total revenue	1,669,734	1,648,555
Salaries and benefits	$ 1,365,371	$ 1,281,734
Other expenses	395,947	382,446
Total expenses	1,761,318	1,664,180
Excess (deficiency) revenue over expenses	$ (91,584)	$ (15,625)

Other expenses includes amortization of $115,090 (2004 - $113,779).

Cash flows:		
Cash from operations	$ 41,983	$ 96,407
Cash used in financing activities	(87,622)	(69,824)
Cash used in investing activities	(36,562)	(14,613)
Increase (decrease) in cash	$ (82,201)	$ 11,970

Cash used in investing activities includes capital purchases of $36,562 (2004 - $14,613).

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

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11. Comparative Information:

Certain 2003-04 balances have been reclassified to conform to the current year's presentation.

12. Pension plans:

Employees of the RHA participate in one of the following pension plans:

- Saskatchewan Healthcare Employee's Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

- Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

- Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $2,426,692 (2004 - $1,906,046) and is included in benefits in Schedule 1.

Effective January 1, 2004, contribution rates are as follows:

- 6.55% (2004 - 6.55%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus

- 8.23% (2004 - 8.23%) of pensionable earnings above the yearly maximum pensionable earnings (CPP).

13. Budget:

The RHA approved the 2004-2005 budget plan on June 29, 2004.

HEARTLAND REGIONAL HEALTH AUTHORITY

Notes to the Financial Statements (continued)

Year ended March 31, 2005

14. Financial instruments:

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Worker's Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
    - Accounts receivable
    - Accounts payable
    - Accrued salaries and vacation payable
- For cash, short-term investments and long-term investments, the fair value is disclosed in Schedule 2.
- The fair value of mortgages payable before the repayment required within one year, is $5,787,858 (2004 - $8,906,508) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

15. Interfund transfers:

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2005			2004		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (13,722)	$ 13,722	$ -	$ (34,000)	$ 34,000	$ -
SHC reserves	(38,354)	38,354	-	-	-	-
Other	-	-	-	(50,700)	50,700	-
	$ (52,076)	$ 52,076	$ -	$ (84,700)	$ 84,700	$ -

Schedule 1

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Expenses by Object

Year ended March 31, 2005, with comparative figures for 2004

	Budget 2005	2005	2004
Operating:			
Benefits	$ 7,662,685	$ 7,825,059	$ 7,322,349
Board costs	106,500	113,362	91,650
Diagnostic imaging supplies	114,878	110,985	94,826
Drugs	690,734	706,595	692,078
Food	1,250,125	1,234,420	1,227,560
Grants to ambulance services	59,396	72,430	57,660
Grants to third parties	1,557,756	1,634,046	1,584,608
Housekeeping and laundry supplies	603,158	513,790	398,229
Information technology contracts	187,500	191,288	145,175
Insurance	256,453	270,369	228,107
Interest	32,000	3,093	14,141
Laboratory supplies	520,028	520,068	472,738
Medical and surgical supplies	692,752	749,075	720,111
Medical remuneration and benefits	669,898	687,408	599,732
Office supplies and other office costs	522,427	370,837	429,278
Other	1,838,298	1,409,318	1,681,937
Other referred out services	266,820	315,508	234,119
Professional fees	474,027	453,257	412,416
Prosthetics	-	-	-
Purchased services	152,634	89,613	154,573
Rent/lease/purchases	783,362	749,943	787,921
Repairs and maintenance	485,783	566,479	285,160
Salaries	41,563,642	42,221,258	40,824,874
Service contracts	369,667	396,923	469,660
Travel expense	852,422	807,615	794,074
Utilities	1,487,973	1,500,845	1,387,530
	63,200,920	63,513,584	61,110,506
Restricted:			
Amortization	-	3,541,971	3,582,358
Loss on disposal (note 3)	-	1,407,166	-
Other	-	577,439	545,202
	-	5,526,576	4,127,560
		$ 69,040,160	$ 65,238,066

Schedule 2

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

Year ended March 31, 2005

		Amount	Maturity	Effective Rate
Restricted investments				
Cash and short-term investments:				
Chequing and savings:				
Rosetown Prairie Centre Credit Union	$	776,497		
Short-term investments:				
Saskatoon, HSBC GIC		521,810	15-Apr-05	1.75 %
Saskatchewan Savings Bonds		268,800	15-Jul-05	5.75 %
		790,610		
		1,567,107		
Long-term investments:				
GIC-Bank of Nova Scotia		48,153	16-Jul-09	4.35 %
GIC-National Bank of Canada		48,153	16-Jul-08	4.10 %
Total restricted investments		1,663,413		
Unrestricted investments				
Cash and short-term investments:				
Chequing and savings				
Petty cash		7,345		
Macklin Credit Union		5		
Biggar Credit Union		63,539		
Kerrobert Credit Union		298,966		
Kindersley Credit Union		62,655		
Wilkie Credit Union		34,265		
Rosetown Prairie Centre Credit Union		4,377,971		
RBC Dominion Securities		16		
Lucky Lake CIBC		23,885		
Davidson Credit Union		40,638		
Dinsmore Credit Union		25,458		
Unity Credit Union		45,746		
Saskatoon HSBC Bank Canada		1		
		4,980,490		

Schedule 2-continued

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Investments

Year ended March 31, 2005

	Amount	Maturity	Effective Rate
Short-term investments:			
Saskatoon, HSBC GIC	$ 1,050,988	13-Apr-05	2.40 %
Saskatoon, HSBC GIC	1,046,629	13-Apr-05	2.40 %
NatCan GIC	44,696	23-Jan-06	4.40 %
National Bank of Canada	44,696	23-Jan-06	4.40 %
TD Mortgage Corp	44,632	23-Jan-06	4.35 %
Co-op Equity Accounts	41,205		- %
	2,272,846		
	7,253,336		
Long-term investments:			
PRN Canada Housing Trust No.	125,955	15-Dec-08	3.67 %
Government of Canada	120,795	1-Oct-09	3.91 %
B2B Trust GIC	45,309	23-Jan-07	4.88 %
Laurentian Bank GIC	45,277	23-Jan-07	4.85 %
Bank of Montreal GIC	45,277	23-Jan-07	4.85 %
Royal Bank GIC	52,626	26-Apr-06	2.80 %
Canadian Western Bank GIC	52,626	26-Apr-06	2.82 %
NatCan GIC	52,626	26-Apr-07	3.30 %
National Bank of Canada GIC	52,626	26-Apr-07	3.30 %
	593,117		
Total unrestricted investments	7,846,453		
	$ 9,509,868		

Market value of investments at March 31, 2005 was $9,542,112.

Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule of Externally Restricted Funds); and replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (A Division of Saskatchewan Municipal Government) (SHC) are held in the Capital Fund (Schedule of Internally Restricted Funds).

Schedule 3

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

Year ended March 31, 2005, with comparative figures for 2004

	Balance beginning of year	Investment income	Donation	Expenses	Withdrawals	Balance end of year
Community Trust Fund Equity:						
Greenhead District Home Care	$ 51,495	$ 1,227	$ -	$ -	$ -	$ 52,722
Total	$ 51,495	$ 1,227	$ -	$ -	$ -	$ 52,722

	Balance beginning of year	Donations income	Other income	Expenses	Transfer to investment in capital asset fund balance	Balance end of year
Capital fund donations:						
Biggar Hospital	$ 40,582	$ 69,393	$ -	$ -	$ (8,303)	$ 101,672
Outlook Hospital	1,202	83,240	-	-	(27,690)	36,752
Biggar Diamond Lodge	150,457	(8,062)	-	-	(49,278)	93,117
Outlook Pioneer Home	509	11,434	-	-	(11,434)	509
Eatonia	1,019	-	-	-	-	1,019
Kerrobert	(92)	3,377	-	-	(2,716)	569
Kindersley	(49,995)	264,695	-	-	(24,163)	190,537
Rosetown	(2,844)	31,539	-	-	(5,984)	22,711
Unity	15,937	65,460	-	-	(50,096)	31,301
Davidson	(2,317)	17,104	-	-	(7,387)	7,400
Dinsmore	26,178	(224)	-	-	-	25,954
Elrose	8,718	2,842	-	-	(6,832)	4,728
Eston	15,818	11,197	-	-	(3,365)	23,650
Kyle	(28)	8,906	-	-	(8,906)	(28)
Lucky Lake	-	3,860	-	-	(3,860)	-
Wilkie	9,010	9,181	-	-	(20,363)	(2,172)
EMS	9,419	32,832	-	-	(25,372)	16,879
Home Care	3,208	2,714	-	-	(1,398)	4,524
Addictions	860	(200)	-	-	(800)	(140)
Region	3,750	4,191	-	-	(7,260)	681
Equipment	45,107	-	-	-	-	45,107
Population Health	-	150	-	-	-	150
Community Rehabilitation	-	743	-	-	(743)	-
Total	$ 276,498	$ 594,172	$ -	$ -	$ (265,750)	$ 604,920

Schedule 4

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Fund Balances

Year ended March 31, 2005, with comparative figures for 2004

	Balance, beginning of year	Investment income allocated	Transfer from capital fund annual allocation	Transfer to capital fund expenses	Transfer to investment in capital asset fund balance	Balance, end of year
Biggar Diamond Lodge	$ 148,930	$ -	$ -	$ -	$ -	$ 148,930
Outlook Pioneer Home	97,529	-	5,741	-	-	103,270
Kerrobert Buena Vista Lodge	44,000	-	-	-	-	44,000
Kindersley Heritage Manor	224,880	-	-	-	-	224,880
Rosetown Wheatbelt Centennial Lodge	200,000	-	-	-	-	200,000
Unity & District Health Centre	179,485	-	-	-	-	179,485
Davidson Prairie View Lodge	155,942	5,298	27,315	-	-	188,555
Elrose & District Health Centre	74,000	-	-	-	-	74,000
Eston Jubilee Lodge	200,690	-	-	-	-	200,690
Wilkie & District Nursing Home	79,000	-	-	-	-	79,000
Total	$ 1,404,456	$ 5,298	$ 33,056	$ -	$ -	$ 1,442,810

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from the Saskatchewan Housing Corporation.

The above schedule shows the changes in these reserve balances during the year.

Schedule 5

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration, Benefits and Allowances

Year ended March 31, 2005, with comparative figures for 2004

Board members	Retainer and per diems	Benefits[1]	Other expenses	Total 2005	Retainer and per diems	Benefits and other expenses	Total 2004
Chairperson:							
Lyle Leys	$ 24,941	$ -	$ 4,457	$ 29,398	$ 24,135	$ 4,477	$ 28,612
	24,941	-	4,457	29,398	24,135	4,477	28,612
Board Member:							
Lynne Gillies	-	-	-	-	2,713	879	3,592
Cindy Hoppe	4,415	142	712	5,269	3,863	1,109	4,972
Diane Javens	3,563	-	310	3,873	4,194	445	4,639
Gary Johnson	6,062	195	1,990	8,247	5,013	1,723	6,736
Les Langager	4,762	146	1,549	6,457	4,313	1,418	5,731
Linda Neher	1,765	77	177	2,019	3,775	915	4,690
Erhard Poggemiller	5,187	158	1,840	7,185	4,363	1,788	6,151
Betty Shapka	7,163	272	3,915	11,350	6,619	4,337	10,956
Bill Sittler	5,525	174	2,159	7,858	4,380	1,514	5,894
Wayne Vaxvick	4,863	221	1,174	6,258	4,740	986	5,726
Golles Colbert	-	-	-	-	400	142	542
Eve Wagner	6,162	216	1,241	7,619	-	-	-
George Siemens	4,925	-	1,209	6,134	-	-	-
	54,392	1,601	16,276	72,269	44,373	15,256	59,629
Total	$ 79,333	$ 1,601	$ 20,733	$ 101,667	$ 68,508	$ 19,733	$ 88,241

(1) Benefits includes employer CPP and all travel time.

HEARTLAND REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2005, with comparative figures for 2004

Staff	Number of individuals	Salaries[1]	Benefits and allowances[2]	Sub-total	Severances: Number of individuals	Severances: Amount	Total 2005	Number of individuals	Salaries benefits and allowances	Severance	Total 2004
Chief Executive Officer	1	$ 123,610	$ 22,633	$ 146,243	-	$ -	$ 146,243	1	$ 145,276	$ -	$ 145,276
	1	123,610	22,633	146,243	-	-	146,243	1	145,276	-	145,276
Senior positions:											
VP of Community Services (Apr-Aug)	1	37,850	6,930	44,780	-	-	44,780	1	80,933	-	80,933
VP of Community Services (Oct-Mar)	1	37,524	6,871	44,395	-	-	44,395	-	-	-	-
VP of Corporate Planning (Apr-Sept)	1	52,534	9,619	62,153	-	-	62,153	1	104,077	-	104,077
VP of Corporate Planning (Oct-Mar)	1	39,571	7,246	46,817	-	-	46,817	-	-	-	-
VP of Corporate Services	1	87,707	16,059	103,766	-	-	103,766	1	99,097	-	99,097
VP of Health Services	1	89,179	16,329	105,508	-	-	105,508	1	103,798	-	103,798
VP of Human Resources	1	88,340	16,175	104,515	-	-	104,515	1	108,374	-	108,374
	7	432,705	79,229	511,934	-	-	511,934	5	496,279	-	496,279
Senior Medical Manager	1	23,700	4,339	28,039	-	-	28,039	1	15,504	-	15,504
	1	23,700	4,339	28,039	-	-	28,039	1	15,504	-	15,504
Total	9	$ 580,015	$ 106,201	$ 686,216	-	$ -	$ 686,216	7	$ 657,059	$ -	$ 657,059

(1) Salaries include regular base pay, overtime, lump sum payments, honouraria, and any other direct cash remuneration including sick leave and vacation.
(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employee's taxable allowances.

Appendix Two: Payee Disclosure List

Payee Disclosure List

HEARTLAND REGIONAL HEALTH AUTHORITY

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2005

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

ADAMOWSKI	GAIL	$ 68,979	CUPPLES	STEVE	56,177
ALLIN	BRENDA	72,536	DAVID	LAURA	55,777
ANDERSON	BRENDA	62,507	DAY	CHRISTINE	61,726
ANDREWS	JACKLIN	68,050	DEGENSTEIN	ROBERT	55,660
ANGELOPOULOS	JOSEPHINE	68,518	DEIBERT	KERRY	66,935
ARNOLD	BEVERLY	56,793	DENNEY	JANE	56,161
BARTLETT	RHONDA	55,172	DESROSIERS	WANDA	67,627
BECKER	LINDA	82,205	DIES	ANN MARIE	64,747
BEDIER	LOUISE	56,047	DOSHEN	CECILY	53,096
BELAK	RONALD LE	61,328	DRURY	SHIRLEY	61,598
BELL	BETTY	66,247	DUERKSEN	LORETTA J	62,620
BENNETT	DIANNE	51,010	DUNN	BONNIE	57,275
BERIAULT	DORIS	52,929	DUPUIS	JO-ANN	50,858
BLAIS	ALBERT	67,964	EDBOM	ROBERT	62,096
BLANCHETTE	DEBRA	66,232	EDGAR	MARLISS	58,607
BOKITCH	ALLISON	51,449	EDMONDS	ANNEMARIE	68,309
BOND	CHRISTY	56,780	EDSTROM	DIANNE	57,652
BORNE	RODNEY	53,328	ETSELL MCLEOD	ELAINE	65,492
BOSCH	JOANNE	50,995	EYRE	GWEN	54,987
BOSCH	STACEY	87,707	FAGNOU	JULIA	65,549
BOTHNER	CHARLOTTE	53,954	FELTIS	ELAINE	68,716
BOUCHER	COLLEEN	68,716	FISHER	MARY PAT	63,050
BOYLE	ALAN	63,105	FLAD	MELONI	52,706
BRADLEY	LINDA	58,055	FOX	PATRICIA	53,144
BRENNER	RICHARD	60,219	FRERICHS	JENNIFER	54,372
BRIGHAM	WENDY	61,333	FRITZ	MARION	57,658
BROWN	BARBARA	60,751	FROYSTAD	LISA	65,618
BROWN	LAVERN	78,248	GEORGE	DOREEN	62,510
BROWN	WANDA	61,104	GEREIN	NICOLE	55,065
BUCKTON	MICHELE	59,831	GILCHRIST	MARTHA	76,345
BUECKERT	AUDREY	65,330	GLESSING	CAROLYN	74,739
CAMBER	SUSAN	71,940	GROSS	EDITH	64,353
CHESSIE	KELLY	61,791	GUNDERSON	WENDY	66,637
CHOLIN	SHANNON	60,032	HABERMEHL	PATRICIA	50,461
CHRISTENSEN	ELIZABETH	66,336	HADUIK	CONNIE	64,997
COLE	KAREN	61,350	HAM	LESLIE	51,207
COLLINS	COSETTE	61,351	HARLEY	WENDY	62,501
COOK	DAVID	71,858	HARTSOOK	REID	51,569
COOL	GLORIA	72,352	HAUBRICH	SHARON	63,210
COWELL	BARBARA	60,102	HAYES	BRENT	62,830
CRICKETT	VALERIE	71,094	HAZEL	GLENDA	56,973
CROSSMAN	LINDA	77,251	HEALEY	SHERRI	56,143

HEIDT	TRACY	59,942
HEILMAN	AUDRY	62,461
HILL	CAROL	71,974
HOEHN	CAROL	50,830
HOGAN	CAROL	52,884
HOGG	DARLENE	51,603
HOLLER	BERNIE	58,574
HOLTON	IAN	54,241
HORN	VIRGINIA	64,004
HUBER	CAROL	63,079
HUBER	LOIS	59,343
HUSBAND	JUDITH	61,780
JAINDL	SHARON	68,348
JESKE	JUDY	57,356
JOHNSON	KATHRYN	50,456
KAUTH	PAMELA	55,732
KENNY	KAREN	64,692
KERNOHAN	BEVERLY	55,596
KIRKNESS	BRIAN	50,931
KNORR	NANCY	73,925
KOENDERS	KRISTA	72,192
KOOP	CAROLYN J	6?,623
KREKOSKI	GAIL	63,891
KROGSTAD	VIVIAN	88,489
KRONBERG	DIANE	59,266
KUNTZ	SYLVIA	61,049
KURULAK MILNE	DEBORAH	53,334
LARSEN	LINDA	52,576
LAVIGNE	BEVERLEY	81,652
LEGROW	WENDY	53,063
LILBURN	CHRISTINE	63,307
LINKLATER	BRENDA	51,714
LOCKWOOD	VAL	53,344
LONGTIN	CATHY	55,561
LOW	BONNIE	60,851
MACRAE	JOAN	70,737
MAHARAJ	MONA L	69,476
MAHARAJ	SUBHAS	69,437
MANN	GAYLEEN	54,436
MASSIE	LESLEY	55,350
MCADAM	JEANNIE	72,504
MCCORMICK	ANN	52,249
MCDONALD	BRENDA E	63,431
MCKENZIE	VALERIE	64,627
MCPHERSON	THELMA	68,728
MCRAE	DIANA	50,235
MERKEL	GORDON	70,288
MEYER	JANICE	62,723
MEYER	NORMA	55,903
MILLER	E RUTH	67,707
MILLER	FELICITAS	59,673
MILTON	DEBBIE	60,886
MINTO	DIANNE	56,045
MOORE	SUSAN	77,275
MORESIDE	DIANNE	64,680
MORHART	NICOLE	53,829
MOTRUK	EUGENE	123,610
MUIR	MARY	53,200
NICKEL	MELVIN	62,864
NISBET	CARA	50,262
OSMAN	JOY	71,262
PAJUNEN	SHEILA	88,349
PALMER	CATHERINE	62,850
PARKINSON	SHIRLEY	62,711
PERRIN	MARGOT	59,487
POITRAS	CHARMAINE	52,853
POLETZ	DENISE	62,522
POTRATZ	CAROLYN	53,083
PRINCE	JOHN	52,703
PROCKNOW	KIM	69,619
PURCELL	LINDA	65,525
RANKIN	ANNE	69,323
READ	RUTH	67,392
REDDEN	DEBBIE	62,664
REED	LORRY	56,163
RENWICK	DEBBI	65,899
RHODES	CAROL	79,576
RIENDEAU	GAYLE	77,032
RINGROSE	CATHY	70,784
RITCHIE	ADELE	67,065
RITCHIE	DAWN	52,874
RITZ	SUSAN	59,163
ROBSON	SHELLY	70,757
ROLSTON	LOUISE	61,806
ROSZELL	JOAN	55,948
ROTH	KATHY	65,247
RYAN	CAROL	62,439
RYSAVY	BEVERLEY	59,349
SALEWSKI	DANA	51,076
SENGER	DIANA	61,277
SERFAS	KAREN	74,060
SERFAS	MAUREEN	50,727
SEVERSEN	JANELLE	51,642
SHEREMETA	DONALD W	52,980
SIBLEY	TANISLEI	54,605
SILVERNAGLE	GENNY	76,903
SIMONSON	SUSAN	54,831
SINCLAIR	AGNES	50,126
SIROSKI	PATSY	63,506
SMITH	DARLENE	63,718
SPERLING LAW	SHEILA	52,657
SPROTT	SHARON	51,852
SPROXTON	LEFA	90,058
STANLEY	LEESA	64,999

STEUART	AUDREY	55,207
STEVENSON	MARILYNE	62,849
STOPANSKI	VALERIE J	54,073
STORY	TERRI	58,156
STRATTON	CARLA	58,850
SUTER	DONNA	52,821
SUTHERLAND	DONNA	76,188
TAYLOR	SHERI	54,011
TERNES	ALVIN	55,527
TERNES	DALE	76,662
THORPE	KATHLEEN	54,601
TORRANCE	CAROLYN	57,630
TRUMBLEY	BETTYANN	67,534
TUNALL	MARJORIE	64,145
TURNER	KATHLEEN	61,235
VANTHUYNE	MARLENE	51,760
VAVRA	DONNA	61,520
VETTER	AUDREY	53,328
VOLK	DONALD	50,250
WAGNER	LESLIEANN	62,600
WALKER	CHERYL	52,581
WALKER	EVELYN	59,484
WASKO-LACEY	LINDA	89,179
WEBER	TRAVIS	50,157
WEBSTER	LINDA	57,911
WEISZ	THOMAS	56,478
WELLS	HAZEL	68,161
WELLS	SHIRLEY	53,163
WENZEL	KRISTENE	52,272
WIEBE	DIANNE	61,683
WIENS	CHRISTINE	63,334
WIENS	JOEANN	63,502
WILDEMAN	BERNIE	55,396
WILLIAMS	MARILYN	57,598
WISTE	SHEILA	65,986
WYLIE	JACQUELIN	64,278
ZAMULINSKI	AUDREY	50,156

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

INDIVIDUALIZED HOME CARE FUNDING	56,547
BRIDGEPOINT CENTRE	350,000
ST JOSEPH'S HEALTH CENTRE	1,261,671

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

ABBOTT LABORATORIES LIMITED	$ 150,950	MCKESSON CANADA	162,072
ADVANCED RESPONSE VEHICLES INC	73,790	MEDTEC MARKETING LIMITED	104,337
ARJO CANADA INC	53,063	MEDTRONIC OF CANADA LTD	110,877
ASSOC. RADIOLOGISTS OF STOON	237,194	MOMENTUM HEALTHWARE	83,240
BAYER INC	124,191	RCDP / CPDN	187,241
BECKMAN COULTER CANADA INC	177,078	SASK ASSOC. OF HEALTH ORGAN.	211,714
BEECHY/DEMAINE EMERGENCY SERVICES	76,856	SASK ENERGY	713,204
bioMerieux CANADA, INC	60,121	SASK POWER	701,670
BUNZL CANADA - OAKVILE	80,689	SASK TEL	418,230
CARMONT CONSTRUCTION	505,804	SASK. PROPERTY MANAGEMENT CORP.	741,501
CLARK ROOFING (1964) ITD	53,500	SASKATOON HEALTH REGION	301,100
CYPRESS HEALTH REGION	62,166	SCHAAN HEALTHCARE PRODUCTS	639,578
DAIRYLAND FLUID DIVISION LTD	132,833	SIMPLEX/GRINNELL	52,521
EATONIA OASIS LIVING INC	116,244	SOOKOCHEFF, MILES	151,693
FUTUREMED HEALTH CARE PRODUCTS	88,060	SOURCE MEDICAL CORPORATION	94,505
GRAND & TOY	91,424	STONE HUTCHINSON ARCHITECTS LTD.	65,194
JOHNSON & JOHNSON	285,360	STRYKER CANADA	343,081
M.D. AMBULANCE & CARE LTD	100,606	SYSCO FOOD SERVICES OF REGINA	724,580
MANN AGENCIES	217,641	VITAL AIRE	59,917

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

CANADA LIFE ASSURANCE COMPANY	$ 53,773
GREAT WEST LIFE ASSURANCE CO	268,711
PUBLIC EMPLOYEE BENEFIT AGENCY	28,371
SAHO - DENTAL PLAN	426,649
SAHO - DISABILITY INCOME PLAN	521,668
SAHO - EXTENDED BENEFITS PLAN	793,455
SHEPP - PENSION PLAN	2,386,045
SASKATCHEWAN REG. NURSES ASSOC	93,989
SASKATCHEWAN UNION OF NURSES	172,532
SEIU	330,339
WCB	1,025,740